

DoD Space Planning Criteria for Health Facilities

Urology

3.14.1. PURPOSE AND SCOPE:

This section sets forth space planning criteria for the Urology Services in military health care facilities. These services are typically for inpatients and outpatients.

3.14.2. DEFINITIONS:

Cystoscopy: Visual examination of the interior of the bladder by means of a cystoscope.

Intravenous Pyelogram (IVP): An IVP (Intravenous Pyelogram) is an X-ray examination of the kidneys. After a plain film (without X-ray contrast) is obtained, the Radiologist injects radio-opaque contrast in a vein. A film is obtained immediately to determine the actual size of the kidneys. After waiting between five and ten minutes, another film is taken to show the collecting system as it begins to empty. Ideally the kidneys, ureters and bladder are all visualized on this film.

Provider: A provider in a urology service is a urologist.

Urodynamics: Urodynamics refers to a group of diagnostic procedures that are performed to evaluate voiding disorders. The goal of diagnosis and treatment of these disorders is to: (1) protect the kidneys and (2) keep the patient dry.

Urology: The branch of medicine concerned with the diagnosis and treatment of diseases (especially by surgical technique) of the urinary tract of both male and female and of the genital organs of the male.

Video urodynamics: Video urodynamics requires the availability of the most specialized urodynamic equipment. The digital monitoring systems take video image information from a fluoroscopy unit and provide digital video image, on screen with pressure data. This process allows the physician to visualize events in the lower urinary tract along with pressure, flow and EMG data.

3.14.3. POLICIES:

Clinic Composition: A separate urology clinic will not be programmed if the number of provider FTE's is 2 or less. When staffing does not support a separate clinic, the service may be combined with the general surgery clinic.

Providers' Examination Rooms: Each urologist will be provided with two examination rooms.

Providers' Offices: Each provider on the staff, who has patient appointments, will be provided a private office.

Residents' Office Space: Private office space will not be programmed for graduate medical education residents. Residents who are in a graduate medical education program studying to become a specialist in the service being programmed, will be provided with shared office space of 60 nsf per resident in the program. An office for a rotating resident may be programmed in the clinic for residents who see patients.

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Resident's Office/Examination Rooms: Additional office and examination room space may be programmed into a clinic to provide space for "rotating residents" to see patients. A resident during his or her rotation in the clinic will use this space when they see patients as walk-ins or on appointment. One office and two examination rooms may be programmed for each resident FTE projected to be in the clinic seeing patients. Note: these residents are not necessarily urology residents only, family practice, and internist residency programs may require a rotation in the orthopedic clinic.

3.14.4. PROGRAM DATA REQUIRED:

Number of providers programmed?

Is there a urology residency program?

Maximum number of FTE residents seeing patients in the clinic at one time?

Number of nurse FTE's projected?

What is the number of urology residents in the teaching program at one time?

Is there a Residency Research Technician assigned?

Are cystoscopies performed in the Operating Room suite, instead of Urology?

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3.14.5. SPACE CRITERIA:

Toilets, Lounges and Locker Areas: The criteria for toilets, lounges and locker rooms is provided in a separate section, Section 6.

Administrative Offices: The office space required to provide administrative support to operate the clinic services will be provided in accordance with criteria for administration in Section 2.1.

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m ²	nsf	

PATIENT AREAS

Clinic Waiting Area		Varies	Provide space for 3.0 seats to be in the waiting area for each provider FTE. 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting).
Reception/Control	13.01	140	Minimum. 140 nsf per every 8 providers.
Provider's Exam Rooms	11.15	120	Two per provider (FTE) programmed
Screening Room	7.43	80	One per clinic.
Patient Toilets		varies	See Section 6.1.

STAFF AND SUPPORT AREAS

Provider's Office	11.15	120	One per provider (FTE) programmed.
Administrative Office		varies	Refer to Chapter 2.1. Provide if full time administrative support programmed.
Nurse Manager's Office	11.15	120	One per clinic per projected FTE.
Nurse Workroom	11.15	120	Minimum. Add 40 nsf for each nurse above 4 assigned to this clinic.
NCOIC/LCPO/LPO Office	11.15	120	One per provider team.
Clean Utility Room	11.15	120	For up to 15 exam/treatment rooms.
	13.94	150	If 16-30 exam/treatment rooms.
	16.72	180	If >30 treatment rooms.
Urology Lab	7.43	80	One lab per clinic.
Scope Wash Room	9.29	100	One per urology clinic.
Equipment Storage and Maintenance Room	13.94	150	One per urology clinic.
Soiled Utility Room	11.15	120	One per urology clinic.
Sterile Supply Room	9.29	100	One per urology clinic.
Clinic Conference / Classroom	23.23	250	One per every 8 providers.
Staff Lounge and Lockers		varies	See Section 6.1.
Staff Toilets		varies	See Section 6.1.
Litter and Wheelchair Storage	5.57	60	One per clinic
Janitors' Closet	5.57	60	One janitor's closet per 10,000 nsf. See Section 6.1.

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Cystoscopy with fluoroscopy:

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m ²	nsf	

PATIENT AREAS

Outpatient Clinic Cystoscopy – Radiology - <i>recommend digital combination.</i>	27.87	300	See formula at 3.14.6. Minus number of cystoscopy rooms with fluoroscopic and optional urodynamic capability in OR. Locate in one place only: either in OR Section 4.4 or in this Section. Includes x-ray control booth.
Subwaiting	7.43	80	Minimum. Add 40 nsf for each cystoscopy room above one.
Dressing Cubicle	4.83	52	Per cubicle, 1 cubicle per treatment room.
Patient Toilet	5.57	60	1 per cysto. room. See Section 6.1.

STAFF AND SUPPORT AREAS

Digital Radiology Reading Room	11.15	120	One when cystoscopy service offered.
Scrub Area	6.50	70	Per every 2 treatment rooms. Provide 1 sink per cystoscopy room.

TREATMENT AREAS			
Treatment Room	14.87	160	One per urology service when one or more urologist FTE projected.
Recovery Room	11.15	120	120 nsf minimum (1 bed). Add 120 nsf for each additional cystoscopy and urology treatment room greater than 2.
Recovery Toilet	5.57	60	One per recovery room. See Section 6.1.
Control and Observation	5.57	60	One per recovery room.

Urodynamics:

Urodynamics Exam	14.86	160	Minimum of one per urology clinic. One room per every two Urologist FTEs programmed.
Dressing Cubicle	4.65	50	1 cubicle per 1 per treatment room.
Toilet	5.57	60	1 per treatment room. See Section 6.1.

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Functions which are required for Residency Education in Urology:

The following areas must be programmed if the MTF has a Urology Residency Program. These areas are in addition to those listed under common areas above.

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m ²	nsf	
Director of Residency	11.15	120	One per director of a Residency Program.
Secretary to Director with visitor waiting.	11.15	120	One per Director of Residency Program, if there is a projected FTE secretary position.
Coordinator	11.15	120	One per Program Coordinator if there is a programmed FTE.
Resident's Office Space	11.15	120	Minimum. 60 nsf per projected resident.
Residency Library	22.29	240	One per Urology Residency Program.
Residents' Exam Room	11.15	120	Two examination rooms for each of the maximum of residents (all types) at any one time, who see patients in the clinic.
Residency Research Technician	11.15	120	One per program, when there is a programmed FTE position.

3.14.6.: FORMULAS:

Cystoscopic Room Requirements:

$$\text{Cystoscopic Rooms} = \frac{(\text{annual urology visits}/52) \times 0.5}{0.6 \text{ proc per hr per room} \times 30 \text{ hr per wk}}$$